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2017

Medication errors with opioids: Scoping the extent of the problem in specialist palliative care inpatient services

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Publication Details

Heneka, N., Shaw, T., Rowett, D., Lapkin, S. & Phillips, J. (2017). Medication errors with opioids: Scoping the extent of the problem in specialist palliative care inpatient services. *Australian Nursing and Midwifery Journal*, 25 (6), 42.

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Abstract

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Keywords

services, opioids:, inpatient, errors, medication, care, palliative, specialist, problem, extent, scoping

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MEDICATION ERRORS WITH OPIOIDS: SCOPING THE EXTENT OF THE PROBLEM IN SPECIALIST PALLIATIVE CARE INPATIENT SERVICES

By Nicole Heneka,
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Opioids are a high-risk medicine, used extensively in palliative care to manage cancer pain and other end of life symptoms (Therapeutic Guidelines Limited 2017).

When errors in opioid delivery occur, the consequences for palliative patients can be catastrophic (Clinical Excellence Commission NSW Health 2016).

As part of a larger pain initiative (Phillips et al. 2017), palliative care clinicians identified medication errors with opioids was an area of growing concern. Despite their widespread use, little is known about the burden of opioid errors in palliative care (Heneka et al. 2015).

The project was conceived following discussions with senior palliative care clinicians (nurses and doctors) who identified addressing opioid errors within their services was a quality improvement priority, given their frequency of errors and the potential to cause patient harm.

This mixed-methods project sought to identify the characteristics and impact of opioid errors for palliative care inpatients. This project, conducted at three specialist palliative care inpatient services

in New South Wales, utilised a combination of incident review, multi-incident analysis, and focus groups/semi-structured interviews with palliative care clinicians and service managers.

Key project findings to date

Analysis of reported clinical opioid incidents over two years (n=67) indicated approximately three-quarters of opioid errors reached the patient, one-quarter of which resulted in temporary patient harm requiring clinical intervention. Patients were more likely to receive an opioid under-dose (53%), than overdose (41%), due to an opioid error, primarily due to omitted opioid doses. Opioid administration errors were the most frequently reported, accounting for half of all reported opioid incidents. Most opioid errors were due to non-compliance with medication management policy or deficits in clinical communication.

Focus groups and interviews to date (56 participants) have highlighted the:

- high volume of opioid administration routinely undertaken in inpatient palliative care services;
- key risk areas for opioid error in the opioid delivery process;

- impact of skill mix on error identification and prevention; and
- the importance of a safety culture that empowers nurses to challenge opioid orders and practices they perceive to be incorrect; and a non-punitive reporting culture that encourages learning from error (Textbox 1).

Textbox 1: Nurses' perceptions of opioid use and safety culture in palliative care

I've probably given 15-20 (opioids) today, that's one shift, one ward, no PRN (as required), you can have shifts where you've given 30, you have one unstable patient who you've given six (opioid administrations) and you feel like you're constantly in front of the (drug) cupboard. (ID_38)

You should feel empowered to challenge because number one, it's your registration. Number two, you know what's happening is not the right thing. If you go down that path of not doing the right thing and not pushing back, then you really set yourself up for a bit of a fail. (ID_34)



References

Clinical Excellence Commission NSW Health. 2016. High risk medicines (online). Sydney, Australia: Clinical Excellence Commission. www.cec.health.nsw.gov.au/programs/high-risk-medicines (Accessed Sep 2017).

Heneka, N., Shaw, T., Rowett, D. & Phillips, J. 2015. Quantifying the burden of opioid medication errors in adult oncology and palliative care settings: A systematic review. *Palliative Medicine* 30(6):520-532.

Phillips, J. L., N. Heneka, L. Hickman, L. Lam, and T. Shaw. 2017. Can a complex online intervention improve cancer nurses' pain screening and assessment practices? Results from a multicenter, pre-post test pilot study. *Pain Management Nursing*. 18(2):75-89.

Therapeutic Guidelines Limited. 2016. Principles of symptom management in palliative care. In: eTG complete [Internet]. Melbourne: Therapeutic Guidelines Limited; eTG July 2017 edition (Accessed Sep 2017).

Web addresses - The full web address should be included followed by the date accessed eg: Department of Health (2015) Annual report 2014-15 www.health.gov.au/internet/main/publishing.nsf/Content/annual-report2014-15 (Accessed Jan 2016).

At the completion of this project, recommendations to support medication safety with opioids across the palliative care delivery process will be developed and provided to participating services.

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